

Appendix B

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	<h2 style="margin: 0;">Procedure History and Review/Approval</h2>	Form Number: NP 5-1-1 Page 1 of 1												
Procedure Number _____ Revision _____ Title _____ Revision Description: Provide a short description of this revision, and the reason for the change. Reference any commitments addressed by the revision, e.g., deficiency corrective actions, upper-tier requirement changes.														
Training Determination: <input type="checkbox"/> No Training Required (no impact to operations) <input type="checkbox"/> Notification to Users Only (minor impact to operations; can be understood by reading the notification) <input type="checkbox"/> Training Required (significant change to operations; requires detailed instruction) <input type="checkbox"/> QA Programmatic Training (NWMP QA Department responsibility) <input type="checkbox"/> Technical Training (NWMP Manager responsibility, e.g., PI, Technical Department Manager)														
<input type="checkbox"/> Mark if this is an editorial change only (Only author and QA approvals are needed for an editorial change.)														
NP and SP Approvals: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Printed Name</th> <th style="width: 30%; text-align: center;">Signature</th> <th style="width: 10%; text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td>Author</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>QA Reviewer</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Printed Name	Signature	Date	Author	_____	_____	_____	QA Reviewer	_____	_____	_____
	Printed Name	Signature	Date											
Author	_____	_____	_____											
QA Reviewer	_____	_____	_____											
NP Approval ONLY: <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">QA Manager</td> <td style="width: 30%;">_____</td> <td style="width: 30%;">_____</td> <td style="width: 10%;">_____</td> </tr> <tr> <td>NWMP Manager</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			QA Manager	_____	_____	_____	NWMP Manager	_____	_____	_____				
QA Manager	_____	_____	_____											
NWMP Manager	_____	_____	_____											
SP Approval ONLY: <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">Technical Reviewer</td> <td style="width: 30%;">_____</td> <td style="width: 30%;">_____</td> <td style="width: 10%;">_____</td> </tr> <tr> <td>SNL ES&H</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Technical Reviewer	_____	_____	_____	SNL ES&H	_____	_____	_____				
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SNL ES&H	_____	_____	_____											
Additional Customer Required Approvals (leave blank if not applicable): <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 30%;">WIPP MOC Manager of Industrial Safety</td> <td style="width: 30%;">_____</td> <td style="width: 30%;">_____</td> <td style="width: 10%;">_____</td> </tr> <tr> <td>Other- Title:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			WIPP MOC Manager of Industrial Safety	_____	_____	_____	Other- Title:	_____	_____	_____				
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